

ORDER FOR SUPPLIES OR SERVICES

PAGE 1 OF 10

1. CONTRACT/PURCH. ORDER/ AGREEMENT NO. N66001-15-D-0056		2. DELIVERY ORDER/ CALL NO. 0003		3. DATE OF ORDER/CALL (YYYYMMDD) 2015 May 04		4. REQ./ PURCH. REQUEST NO. 1300496324		5. PRIORITY			
6. ISSUED BY SPAWAR SYSTEMS CENTER PACIFIC A. KING, CODE 22560, 619-553-5829 ANGELA.KING@NAVY.MIL 53560 HULL STREET SAN DIEGO CA 92152-5002				7. ADMINISTERED BY (if other than 6) DCMA MANASSAS 14501 GEORGE CARTER WAY, 2ND FLOOR CHANTILLY VA 20151 SCD: C		8. DELIVERY FOB <input checked="" type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER (See Schedule if other)					
9. CONTRACTOR SOFTPOWER, LLC DUNS #: 969933899 3050 CHAIN BRIDGE ROAD, SUITE 420 FAIRFAX VA 22030-2834				10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) SEE SCHEDULE		11. MARK IF BUSINESS IS <input checked="" type="checkbox"/> SMALL <input checked="" type="checkbox"/> SMALL DISADVANTAGED <input checked="" type="checkbox"/> WOMEN-OWNED					
12. DISCOUNT TERMS Net 30				13. MAIL INVOICES TO THE ADDRESS IN BLOCK See Section G							
14. SHIP TO SSC PACIFIC C4ISR DEPARTMENT 2293 VICTOR WHARF ACCESS ROAD PEARL CITY HI 96782-3356				15. PAYMENT WILL BE MADE BY DFAS-COLUMBUS CENTER DFAS-CO/SOUTH ENTITLEMENT OPS P.O. BOX 182264 COLUMBUS OH 43218-2264				MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.			
16. DELIVERY/ CALL TYPE OF ORDER		<input checked="" type="checkbox"/> X This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.		Reference your quote dated Furnish the following on terms specified herein. REF:							
ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.											
NAME OF CONTRACTOR				SIGNATURE		TYPED NAME AND TITLE		DATE SIGNED (YYYYMMDD)			
<input checked="" type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: 1											
17. ACCOUNTING AND APPROPRIATION DATA/ LOCAL USE See Schedule											
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/ SERVICES		20. QUANTITY ORDERED/ ACCEPTED*		21. UNIT		22. UNIT PRICE		23. AMOUNT	
		SEE SCHEDULE									
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA TEL: 619-553-4466 EMAIL: david.d.keene@navy.mil BY: David Keene				(b)(6)		25. TOTAL \$270,785.75	
				CONTRACTING / ORDERING OFFICER				26. DIFFERENCES			
27a. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED											
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE						c. DATE (YYYYMMDD)		d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE			
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE						28. SHIP NO.		29. DO VOUCHER NO.		30. INITIALS	
f. TELEPHONE NUMBER						g. E-MAIL ADDRESS		31. PAYMENT <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY	
36. I certify this account is correct and proper for payment.						33. AMOUNT VERIFIED CORRECT FOR		34. CHECK NUMBER			
a. DATE (YYYYMMDD)		b. SIGNATURE AND TITLE OF CERTIFYING OFFICER				35. BILL OF LADING NO.					
37. RECEIVED AT		38. RECEIVED BY		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NO.		42. S/R VOUCHER NO.	

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9. CONTRACTOR SOFTPOWER, LLC NAME DUNS #: 969933899 AND 3050 CHAIN BRIDGE ROAD, SUITE 420 ADDRESS FAIRFAX VA 22030-2834				FACILITY		10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) SEE SCHEDULE		11. MARK IF BUSINESS IS <input checked="" type="checkbox"/> SMALL <input checked="" type="checkbox"/> SMALL DISADVANTAGED <input checked="" type="checkbox"/> WOMEN-OWNED					
						12. DISCOUNT TERMS Net 30		13. MAIL INVOICES TO THE ADDRESS IN BLOCK See Section G					
14. SHIP TO SSC PACIFIC C4ISR DEPARTMENT 2283 VICTOR WHARF ACCESS ROAD PEARL CITY HI 96782-3358				15. PAYMENT WILL BE MADE BY DFAS-COLUMBUS CENTER DFAS-CO/SOUTH ENTITLEMENT OPS P.O. BOX 182284 COLUMBUS OH 43218-2284				MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.					
16. TYPE OF ORDER		DELIVERY/ CALL <input checked="" type="checkbox"/> PURCHASE		This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your quote dated Furnish the following on terms specified herein. REF:									
ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH AND AGREES TO PERFORM THE SAME.													
Softpower, LLC				Maricar Rothgeb				05/05/15					
NAME OF CONTRACTOR				SIGNATURE				TYPED NAME AND TITLE					
<input checked="" type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: 1								DATE SIGNED (YYYYMMDD)					
17. ACCOUNTING AND APPROPRIATION DATA/ LOCAL USE See Schedule													
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/ SERVICES			20. QUANTITY ORDERED/ ACCEPTED*		21. UNIT		22. UNIT PRICE		23. AMOUNT		
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* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.					24. UNITED STATES OF AMERICA TEL: EMAIL: BY:					25. TOTAL \$270,785.75		26. DIFFERENCES	
27a. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED													
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE					c. DATE (YYYYMMDD)		d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE						
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE					28. SHIP NO.		29. DO VOUCHER NO.		30. INITIALS				
f. TELEPHONE NUMBER		g. E-MAIL ADDRESS			<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR				
36. I certify this account is correct and proper for payment.					31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL				34. CHECK NUMBER				
a. DATE (YYYYMMDD)		b. SIGNATURE AND TITLE OF CERTIFYING OFFICER							35. BILL OF LADING NO.				
37. RECEIVED AT		38. RECEIVED BY		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS		41. SR ACCOUNT NO.		42. SR VOUCHER NO.			

Section B - Supplies or Services and Prices

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001			Lite		\$270,785.75
	SERVICES				
	CPFF				
	Base period. Services in accordance with the Performance Work Statement (PWS), Attachment 1. This is a level of effort, severable type task order. The required level of effort is (b)(4) hours.				
	FOB: Destination				
	PURCHASE REQUEST NUMBER: 1300496324				
				ESTIMATED COST	(b)(4)
				FIXED FEE	(b)(4)
				TOTAL EST COST + FEE	\$270,785.75
	ACRN AA				\$270,785.75
	CIN: 130049632400001				

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0003			Lite		NSP
	DATA IAW CDRL, EXHIBIT A				

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0004			Lite		(b)(4)
OPTION	SERVICES				
	CPFF				
	Option 1 period. Services in accordance with the Performance Work Statement (PWS), Attachment 1. This is a level of effort, serverable type task order. The required level of effort is (b)(4) hours.				
	FOB: Destination				
				ESTIMATED COST	(b)(4)
				FIXED FEE	
				TOTAL EST COST + FEE	

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0006			Lite		NSP
OPTION	DATA IAW CDRL, EXHIBIT A				

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0007			Lite		(b)(4)
OPTION	SERVICES				
	CPFF				
	Option 2 period. Services in accordance with the Performance Work Statement (PWS), Attachment 1. This is a level of effort, serverable type task order. The required level of effort is (b)(4) hours.				
	FOB: Destination				
				ESTIMATED COST	(b)(4)
				FIXED FEE	
				TOTAL EST COST + FEE	

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0009			Lite		NSP
OPTION	DATA IAW CDRL, EXHIBIT A				

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0010			Lite		(b)(4)
OPTION	SERVICES				
	CPFF				

Option 3 period. Services in accordance with the Performance Work Statement (PWS), Attachment 1. This is a level of effort, serverable type task order. The required level of effort is (b)(4) hours.

FOB: Destination

ESTIMATED COST	(b)(4)
FIXED FEE	
TOTAL EST COST + FEE	

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0012			Lite		NSP
OPTION	DATA IAW CDRL, EXHIBIT A				

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0013			Lite		(b)(4)
OPTION	SERVICES				
	CPFF				
	Option 4 period. Services in accordance with the Performance Work Statement (PWS), Attachment 1. This is a level of effort, serverable type task order. The required level of effort is (b)(4) hours.				
	FOB: Destination				
				ESTIMATED COST	(b)(4)
				FIXED FEE	
				TOTAL EST COST + FEE	

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0015			Lite		NSP
OPTION	CDRL IAW CDRL, EXHIBIT A				

CLAUSES INCORPORATED BY FULL TEXT

5252.216-9201 PAYMENT OF FIXED FEE BASED ON STAFF-HOURS (TERM TYPE) (NOV 2003)

The fixed fee for work performed under this contract is (b)(4) – Base, (b)(4) – Opt. 1, (b)(4) – Opt. 2, (b)(4) – Opt. 3 and (b)(4) – Opt. 4, *provided* that not less than (see Contract Line Item in Section B) staff-hours of direct labor are so employed on such work by the Contractor. If substantially less than (see Contract Line Item in Section B) staff-hours of direct labor are so employed for such work, the fixed fee shall be equitably reduced to reflect the reduction of work. The Government shall make payments to the Contractor when requested as work progresses, but not more frequently than biweekly, on account of the fixed fee, equal to (b)(4) percent of the amounts invoiced by the Contractor under the "Allowable Cost and Payment" clause hereof for the related period, subject to the withholding provisions of paragraph (b) of the "Fixed Fee" clause provided that the total of all such payments shall not exceed eighty-five percent (85%) of the fixed fee. Any balance of fixed fee due the contractor shall be paid to the Contractor, and any overpayment of fixed fee shall be repaid to the Government by the Contractor, or otherwise credited to the Government, at the time of final payment.

(End of clause)

Section E - Inspection and Acceptance

INSPECTION AND ACCEPTANCE TERMS

Supplies/services will be inspected/accepted at:

CLIN	INSPECT AT	INSPECT BY	ACCEPT AT	ACCEPT BY
0001	Destination	Government	Destination	Government
0003	Destination	Government	Destination	Government
0004	Destination	Government	Destination	Government
0006	Destination	Government	Destination	Government
0007	Destination	Government	Destination	Government
0009	Destination	Government	Destination	Government
0010	Destination	Government	Destination	Government
0012	Destination	Government	Destination	Government
0013	Destination	Government	Destination	Government
0015	Destination	Government	Destination	Government

Section F - Deliveries or Performance

DELIVERY INFORMATION

CLIN	DELIVERY DATE	QUANTITY	SHIP TO ADDRESS	UIC
0001	POP 04-MAY-2015 TO 03-MAY-2016	N/A	SSC PACIFIC C4ISR DEPARTMENT 2293 VICTOR WHARF ACCESS ROAD PEARL CITY HI 96782-3356 (808) 471-4034 FOB: Destination	H4HB0
0003	POP 04-MAY-2015 TO 03-MAY-2016	N/A	(SAME AS PREVIOUS LOCATION) FOB: Destination	H4HB0
0004	N/A	N/A	N/A	N/A
0006	N/A	N/A	N/A	N/A
0007	N/A	N/A	N/A	N/A
0009	N/A	N/A	N/A	N/A
0010	N/A	N/A	N/A	N/A
0012	N/A	N/A	N/A	N/A
0013	N/A	N/A	N/A	N/A
0015	N/A	N/A	N/A	N/A

Section G - Contract Administration Data

ACCOUNTING AND APPROPRIATION DATA

AA: 9750100 4500 115 51925 1 3S1811 9C ABXXC5 341C53477000 F099999999003 S18119

AMOUNT: \$270,785.75

CIN 130049632400001: \$270,785.75

CLAUSES INCORPORATED BY REFERENCE

252.204-0002 Line Item Specific: Sequential ACRN Order

SEP 2009

CLAUSES INCORPORATED BY FULL TEXT

5252.201-9201 DESIGNATION OF CONTRACTING OFFICER'S REPRESENTATIVE (MAR 2006)

(a) The Contracting Officer hereby appoints the following individual as Contracting Officer's Representative(s) (COR) for this contract/order:

CONTRACTING OFFICER REPRESENTATIVE

Name: (b)(6)

Code: H56D0

E-mail: (b)(6)

(b) It is emphasized that only the Contracting Officer has the authority to modify the terms of the contract, therefore, in no event will any understanding agreement, modification, change order, or other matter deviating from the terms of the basic contract between the Contractor and any other person be effective or binding on the Government. When/If, in the opinion of the Contractor, an effort outside the existing scope of the contract is requested, the Contractor shall promptly notify the PCO in writing. No action shall be taken by the Contractor unless the Procuring Contracting Officer (PCO) or the Administrative Contracting Officer (ACO) has issued a contractual change.

ENTERPRISE CONTRACTOR MANPOWER REPORTING APPLICATION (ECMRA)

The contractor shall report ALL contractor labor hours (including subcontractor labor hours) required for performance of services provided under this contract for the Space and Naval Warfare Systems Command (SPAWAR) via a secure data collection site. The contractor is required to completely fill in all required data fields using the following web address <https://doncmra.nmci.navy.mil>.

Reporting inputs will be for the labor executed during the period of performance during each Government fiscal year (FY), which runs October 1 through September 30. While inputs may be reported any time during the FY, all data shall be reported no later than October 31 of each calendar year. Contractors may direct questions to the help desk, linked at <http://www.ecmra.mil/>.

For purposes of ECMRA reporting, the Federal Supply Code / Product Service Code applicable to this contract/order is AD25.

Section J - List of Documents, Exhibits and Other Attachments

SEC. J

DOCUMENT TYPE	DESCRIPTION	PAGES	DATE
Attachment 1	Performance Work Statement	4	28-Apr-2015
Exhibit A	DD Form 1423, Contract Data Requirements List	1	27-Apr-2015